

Manchester Commercial License

******Forms must be filled out completely******

Checklist of items needed (if applicable)

- ☐ Copy of Lease (if renting)
 - ☐ Buyers Agreement (if you own the building)
 - ☐ Closing Statement (if recent purchase)
 - ☐ Sales Tax ID 404-417-4490 / Employer Identification Number 1-800-829-4933
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- ☐ Legal I.D. Number of Property
 - ☐ State License (if license required by the State of Georgia)
 - ☐ Department of Agriculture Inspection (if applicable, 404-656-3645)
 - ☐ Health Inspection (Health Department if applicable, 706-672-4974)
 - ☐ Incorporation Letter (Corporation, Closed Corporation Or LLC)
 - ☐ Completed Building & Zoning Approval Form (form must be approved before applying for a license)
 - ☐ Completed Emergency Business Listing Form
 - ☐ Completed Application
 - ☐ Check or Money Order, payable to the City of Manchester (\$ Administration Fee)
 - ☐ Mobile Home Parks must provide an inventory of all mobile homes located in the park and provide approval from the Meriwether County Tax Commissioners Office.

Note: If you have purchased an existing business, the previous business owner must close out their business and all taxes associated with it must be paid in full prior to the issuance of the new owner's business license.

City Of Manchester Commercial License Application

Business Name: _____

Business Address: _____ City: _____ Zip: _____

Business Phone: _____ Cell: _____ Home: _____

Business Owner: _____

Business Contact / Manager: _____ Email Address: _____

Contact Number: _____ Number of Employees: _____

Federal Employer Identification Number / Ga sales tax I.D. _____

Mailing Address: _____ City: _____ Zip: _____

Business Description: _____

Check one of the following:

☐ Corporation/Limited Liability Company

Date of Incorporation / LLC: _____

State of Incorporation / LLC: _____

(Please provide proof of Incorporation / Limited Liability from the Secretary of State)

☐ Single Proprietor/Partnership

State License

(If State license is required for your type of business, please attach a copy)

License Name: _____ License Number: _____

I hereby make application for a Business Certificate to conduct the above-described business in the City of Manchester. I understand that approval must be obtained from the departments having authority prior to issuance of said certificate. By the signature below, I do solemnly swear, subject to criminal penalties for false swearing, that the information in this application is true and no false or fraudulent information is made herein to procure the granting of this license.

SIGNATURE: _____ DATE: _____

Manchester Police Department Emergency Business Listing Information

(Form must be filled out completely)

Business Name: _____

Business Address: _____ City: _____ Zip: _____

Business Phone: _____

Business Contact / Manager: _____ Email Address: _____

Contact Number: _____ Number of Employees: _____

Mailing Address: _____ City: _____ Zip: _____

Name and Telephone Number of Alarm Company: _____

Normal Hours of Operation: _____

Emergency Contact Information

(List at least three people at different locations and phone numbers)

Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Cell: _____

Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Cell: _____

Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Cell: _____

COMMENTS _____

Commercial Business License Approval

******This form must be approved by the City of Manchester & Zoning Departments before issuing a Commercial Business License ******

Business Name: _____

Complex Name (If Applicable): _____

Landlord / Property Owners Name: _____

**** (If renting or leasing you must provide a copy of lease agreement) ****

Will any construction be required? _____

Description of construction: _____

Applicant Signature: _____ Date: _____

(Office Use Only)

Prior business name at this location: _____

Prior use of building: _____

Last date a license was issued at this location: _____

Zoning Dept.

☐ Approved ☐ Denied Date

Initial _____ Date _____

Building Dept.

☐ Approved ☐ Denied Date

Initial _____ Date _____

Fire Dept.

☐ Approved ☐ Denied Date

Initial _____ Date _____

**STATUS AFFIDAVIT
FOR
CITY OF MANCHESTER
APPLICATION FOR PUBLIC BENEFIT**

By executing this affidavit under oath, as an applicant for a City of Manchester, Georgia,
____ Business License/Occupation Tax Certificate, ____ Alcohol License, ____ Insurance Company
License, ____ Taxi Permit, or ____ Other as referenced in O.C.G.A. Section 50-36-1, I am stating
the following with respect to my application for a City of Manchester ____ Business
License/Occupation Tax Certificate, ____ Alcohol License, ____ Insurance Company License,
____ Taxi Permit, or ____ Other for _____.

(Name of natural person applying on behalf of individual,
business, corporation, partnership, or other private entity)

- 1) ____ I am a United States citizen
- 2) ____ I am a legal permanent resident 18 years of age or older or I am an otherwise
qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18
years of age or older and lawfully present in the United States.*

In making the above representation under oath, I understand that any person who knowingly and
willfully makes a false, fictitious, or fraudulent statement of representation in an affidavit shall
be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant

Printed Name

Date

Alien Registration number for non-citizens

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE ____ DAY OF _____, 20__

Notary Public _____

My Commission Expires: _____

*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the Federal Immigration and
Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because
legal permanent residents are included in the federal definition of "alien", legal permanent
residents must also provide their alien registration number. Qualified aliens that do not have an
alien registration number may supply another identifying number: _____

Private Employer Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. Please check only one:

(A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees¹.

*** If you select Section 1(A), please fill out Section 2 and then execute below.

(B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*** If you select Section 1(B), please skip Section 2 and execute below.

Section 2.

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number

Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, __, 201__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires: _____

¹ To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.